Office of the Secretary of State Building 1 Suite 157-K 1900 Kanawha Blvd E. Charleston, WV 25305



Mac Warner

Secretary of State State of West Virginia Phone: 304-558-6000

886-767-8683 Visit us online: www.wvsos.com

RORY L. PERRY II Sidney L. Christie Federal Bldg. 845 Fifth Avenue, Room 101 Huntington, WV 25701



Control Number: 258354

Defendant: MARSHALL HEALTH, C/O BETH

HAMMERS, EXECUTIVE DIRECTOR-

UNIVERSITY PHYSICIANS &

SURGEONS, INC.

1600 MEDICAL CENTER DRIVE HUNTINGTON, WV 25701 US County: Federal

Civil Action: 3:17-01362

Certified Number: 92148901125134100002714410

Service Date: 6/5/2020

I am enclosing:

1 subpoena

which was served on the Secretary at the State Capitol as your statutory attorney-in-fact. According to law, I have accepted service of process in your name and on your behalf.

Please note that this office has no connection whatsoever with the enclosed documents other than to accept service of process in your name and on your behalf as your attorney-in-fact. Please address any questions about this document directly to the court or the plaintiff's attorney, shown in the enclosed paper, **not to the Secretary of State's office**.

Sincerely,

Mac Warner Secretary of State

Mac Warner

AO 88A (Rev. 02/14) Subpoena to Testify at a Deposition in a Civil Action

See Attached List of Counsel for Defendants

UNITED STATES DISTRICT COURT Southern District of West Virginia City of Huntington; Cabell County Commission **Plaintiff** AmerisourceBergen Drug Corporation, et al. Defendant SUBPOENA TO TESTIFY AT A DEPOSITION IN A CIVIL ACTION To: Marshall Health, c/o Beth Hammers, Executive Director, University Physicians & Surgeons, Inc., 1600 Medical Center Drive, Huntington, WV 25701 (Name of person to whom this subpoena is directed) Testimony: YOU ARE COMMANDED to appear at the time, date, and place set forth below to testify at a deposition to be taken in this civil action. If you are an organization, you must designate one or more officers, directors, or managing agents, or designate other persons who consent to testify on your behalf about the following matters, or those set forth in an attachment: See attached Definitions. Instructions and Areas of Examination. Place: Jackson Kelly PLLC Date and Time: 500 Lee Street East, Suite 1600 07/21/2020 9:00 am Charleston, WV 25301 The deposition will be recorded by this method: teleconference before a Court Reporter. ☐ Production: You, or your representatives, must also bring with you to the deposition the following documents, electronically stored information, or objects, and must permit inspection, copying, testing, or sampling of the material: The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g); relating to your duty to respond to this subpoena and the potential consequences of not doing so. 06/01/2020 Date: CLERK OF COURT OR /s/ Gretchen M. Callas Signature of Clerk or Deputy Clerk Attorney's signature All Defendants The name, address, e-mail address, and telephone number of the attorney representing (name of party) AmerisourceBergen Drug Corporation, Cardinal Health, Inc., and McKesson Corporation, who issues or requests this subpoena, are:

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

AO 88A (Rev. 02/14) Subpoena to Testify at a Deposition in a Civil Action (Page 2)

Civil Action No. 3:17-01362; 3:17-01665

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)

I rece	eived this subpoena for	(name of individual and title, if any)			
on (date)	•				
□Is	served the subpoena by	delivering a copy to the name	ed individual as follows:		
484-944-94	on (date) ; or				
——————————————————————————————————————	eturned the subpoena u				
	oumou mo baopooma a				
	_	ued on behalf of the United S	tates, or one of its officers		
\$.,	_ •			
My fees are \$	S	for travel and \$	for services, for a t	otal of \$	0.00
I dec	lare under penalty of pe	rjury that this information is	true.		
Date:					
			Server's signature		
			Printed name and title		
		· · · · · · · · · · · · · · · · · · ·	Server's address		

Additional information regarding attempted service, etc.: